

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	BA		04/18-01
O.I.P.E. CLASSIFIER		12/	5/9
FORMALITY REVIEW	Jha	986	06/02/01
RESPONSE FORMALITY REVIEW			

# INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 (Through numeral)..... Canceled  
 - ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	
Original	
1	10/27/01
2	✓
3	✓
4	✓
5	✓
6	✓
7	0
8	0
9	✓
10	0
11	0
12	✓
13	✓
14	✓
15	✓
16	✓
17	✓
18	=
19	↑
20	↑
21	↑
22	↑
23	↑
24	=
25	✓
26	0
27	0
28	0
29	0
30	0
31	✓
32	✓
33	✓
34	✓
35	✓
36	✓
37	✓
38	✓
39	✓
40	✓
41	0
42	✓
43	✓
44	0
45	✓
46	✓
47	✓
48	=
49	=
50	=

Claim	Date
Final	
Original	
51	11/02
52	↑
53	↑
54	↑
55	↑
56	↑
57	↑
58	↑
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Claim	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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Form PTO-43  
 (Rev. 8/99)